

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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From:

Account Name : PORTER, WRIGHT, MORRIS & ARTHUR

Account Number : 102233003533 Phone : (614)227-1936

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HUMMEL CONSULTING, LLC

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Page Count	03
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Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY EXAMINER

MAY -1 2015

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: Humme	1 Consulting, LLC Name of Limi	ted Liability Company	<u> </u>
The enclosed Articles of	Amendment and fcc(s) are subr	nitted for filing.	
Please return all correspon	ndence concerning this matter t	to the following:	
	Theodore R.	Walters, Esq.	
		Name of Person	
	Porter Wrigh	nt Morris & Arthur, LLP	
		Firm/Company	
	9132 Strada	Place, Third Floor	
		Address	
	Naples, Flor		
		City/State and Zip Code	
		rterwright.com to be used for future annual report notif	·
	ti-maii address; (i	to be used for future annual report notif	ication)
For further information o	oncerning this matter, please ca	all:	
Theod	lore R. Walters	at (239) 593-290 Area Code Daytime	0
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	ne following amount:		
XXX \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

2015 APR 30 AM 10: 03

Hummel Consulting, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on July 20, 2011 and assigned Florida document number ____L11000083812 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 111 Legend Hill Road Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Madison, CT 06443 Ill Legend Hill Road Enter new mailing address, if applicable: Madison, CT 06443 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida City

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

From:552@porterwright.com

239 569 2990

04/30/2015 15:58 #316 P.005/006

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
		☐ Remove	
			☐ Change
		Add	
		☐ Remove	
			Change
		Change Addy O'Remove	
			Change 50
		Add 3	
			☐ Remove
			□ Change
<u> </u>			□ Add
		☐ Remove	
			☐ Change
			Add
			□ Remove
			Change

	sending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	30
Note	tive date, if other than the date of filing: (optional) flective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
the ro	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Date	April 30, 2015
	Chiedar Khalters
	Signature of a member or authorized representative of a member

239 569 2990 04/30/2015 15:58 #316 P.006/006

From:552@porterwright.com

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